

PERSONNEL ADMINISTRATIVE INSTRUCTIONS

Subject: Secondary Employment

I. PURPOSE: These instructions are designed to minimize the potential for conflict of interest which may result from secondary employment and to provide procedures for the consistent review and approval of secondary employment for city employees as defined below.

II. PROCEDURE:

1. The following employment opportunities require the written approval of the employee's Department Head, or, in the case of those employees on the Executive Pay Plan, the City Manager;

- a. All outside consulting and/or professional services regardless of type;
- b. All outside employment involving the same or similar knowledge/skills as the employee's city position;
- c. All outside employment which may ultimately come before the employee or his/her department in an official capacity;
- d. All outside employment for which the Department Head requires prior approval.

2. Any employee who wishes to engage in secondary employment, that falls within categories a – d above, shall submit a written request for approval on the Secondary Employment Approval Form, No. 050-115 to their immediate supervisor for submission to the Department Head. A copy of such approval shall be maintained in the department.

3. The approving authority (Department Head or City Manager) may approve such requests for a maximum of one year. The employee must submit a request for approval to continue secondary employment to his supervisor each year.

4. If conditions change which require that the city withdraw approval for employment, the employee will be given two weeks written notice.

5. Acceptance of employment that violates the above criteria or failure to follow the procedures herein regarding approval for secondary employment may result in disciplinary action as provided by the Personnel Policies Manual.

CITY OF HAMPTON

SECONDARY EMPLOYMENT APPROVAL FORM

EMPLOYEE'S NAME _____ EMPLOYEE NUMBER _____

DEPARTMENT _____

CURRENT JOB TITLE _____

PROSPECTIVE SECONDARY EMPLOYER:

NAME: _____

ADDRESS: _____

PHONE: _____

NATURE OF DUTIES TO BE PERFORMED: _____

WHEN WILL WORK BE PERFORMED? (Days, Evenings, Weekends)

WILL WORK REQUIRE USE OF _____ ANNUAL LEAVE _____ LWOP?

ANTICIPATED STARTING DATE: _____

SALARY/FEE (For consulting work only) _____

Submitting Employee Date

REQUEST IS: _____ APPROVED

_____ DENIED

COMMENTS: _____

Department Head Date

City Manager Date
(Required for those on Executive Pay only)